

SOCIAL SECUI	RITY NUMBER	?	
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Schedule DI Dependent Information Enclose with Form 1 or Form 1-NR/PY. Do not cut or separate these schedules.

You must complete this schedule if you are claiming a dependent exemption(s) on Form 1, line 2b or Form 1-NR/PY, line 4b or taking a deduction/credit(s) on Form 1, lines 12, 13 or 40 or Form 1-NR/PY, lines 16, 17 or 45. Complete information below for each dependent. Do not include yourself or your spouse. If you are claiming more than 10 dependents, see instructions.

1. FIRST NAME M.	I. LAST NAME	1. SOCIAL SECURITY NUMBER
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RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
	▶ Y es	M M D D Y Y Y Y
2. FIRST NAME M.	I. LAST NAME	2. SOCIAL SECURITY NUMBER
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RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
		M M D D Y Y Y
	► Yes	
3. FIRST NAME M.	I. LAST NAME	3. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
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4. FIRST NAME M.	I. LAST NAME	4. SOCIAL SECURITY NUMBER
RELATIONSHIP TO TAXPAYER	IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?	DATE OF BIRTH
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6. FIRST NAME RELATIONSHIP TO TAXPAYER	(IS DEPENDENT A QUALIFYING CHILD FOR EARNED INCOME CREDIT?)	6. SOCIAL SECURITY NUMBER DATE OF BIRTH
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(RELATIONSHIP TO TAXPAYER)	✓ Yes)	DATE OF BIRTH M M D D Y Y Y Y
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